

# LARGE GROUP



**2025 BENEFITS AT A GLANCE**

LARGE GROUP

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**RISING**  
TO THE  
**FUTURE**



**SERVING NJ**  
**FOR 30 YEARS**

# RIISING TO THE FUTURE

We are AmeriHealth and we're proud of our deep roots in the state of New Jersey for 30 years. Since day one, we've been committed to helping our customers and members flourish by investing in the health and well-being of our communities. We continually evolve our product portfolio to deliver innovative health plans and solutions that make care more accessible, convenient, and affordable.



## A health plan for everyone.

We look forward to continuing to work with you and helping our customers and members live their healthiest lives. You can count on us for high-quality, affordable health plan options that meet our customers' health care needs and budgets, while offering members access to a broad and flexible provider network and convenient online and mobile tools.

## LOCAL

Headquartered in Cranbury, NJ, so we understand the people and health systems of the state

## 3K BUSINESSES

Serving **200,000** members and **3,000** New Jersey businesses

## 30 YEARS

Serving New Jersey residents and employers since 1994

## 21 COUNTIES

One of the largest provider networks, with doctors and hospitals in all **21 counties**

## 12 YEARS

Ranked one of the best places to work by *NJBIZ* **12 years** in a row

## 400 HOURS

We're passionate about serving our community — AmeriHealth associates volunteered nearly **400 hours** last year to benefit six nonprofit organizations in New Jersey





**Robust portfolio  
of health plans**



**Expanded National  
and New York access**



**All new AmeriHealth  
Dental portfolio**



**Advanced digital  
experience for members**

# What's new in 2025

Our portfolio of health plans helps meet the unique needs of large employers and their employees with cost-effective plan designs, well-being programs, and value-added services. We're pleased to offer the following enhancements for 2025:

## New health plans

We've expanded our health plan portfolio to offer three additional AmeriHealth Advantage with National Access options and the **Virtual Primary Care EPO \$0/\$75 \$2,500/50%**. This plan includes access to a virtual primary care provider (VPCP) through Teladoc Health (Teladoc). It allows members to utilize primary care services sooner and during a day and time that works best for them — wherever they are.<sup>1</sup>

Learn more about our health plans starting on page 20.

## AmeriHealth Dental

Our new AmeriHealth Dental portfolio is now available! Designed to deliver on our whole-person health strategy, our affordable dental coverage encourages prevention, early diagnosis, and treatment. It provides a variety of affordable plan options with a large national network, low out-of-pocket costs, and value-added savings.

Learn more about AmeriHealth Dental on page 61.

## Expanded access to quality and affordable in-network care

We are excited to announce that New York and National Access network (if applicable) will be provided through the Cigna Healthcare<sup>SM</sup> PPO Network<sup>2</sup>, which includes more than 1.5 million health care providers and 6,400 hospitals nationwide.<sup>3</sup>

Learn more about our provider networks on page 7.

## New digital health experience for members

Everyone's health journey is unique. That's why we created a new digital health experience for members that's more personalized and convenient. When members log in to our member portal at [amerihealth.com](https://amerihealth.com) or through the AmeriHealth mobile app, there is new navigation and updated features, advanced technology with faster response times, and personalized content that's easy to find.

<sup>1</sup> Available within the U.S. only

<sup>2</sup> Cigna Healthcare analysis of actual providers contracted as part of the Cigna Healthcare PPO for Shared Administration as of July 2024. Data is subject to change.

<sup>3</sup> The Cigna Healthcare PPO Network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna Healthcare PPO for Shared Administration.

# AmeriHealth Advantage health plans

With our AmeriHealth Advantage health plans, large employers can offer options that focus on high-quality care and affordability.

## Cost-saving tiered benefits

AmeriHealth Advantage health plans have tiered benefits, which means members can save on care with certain providers.\*



Tier 1

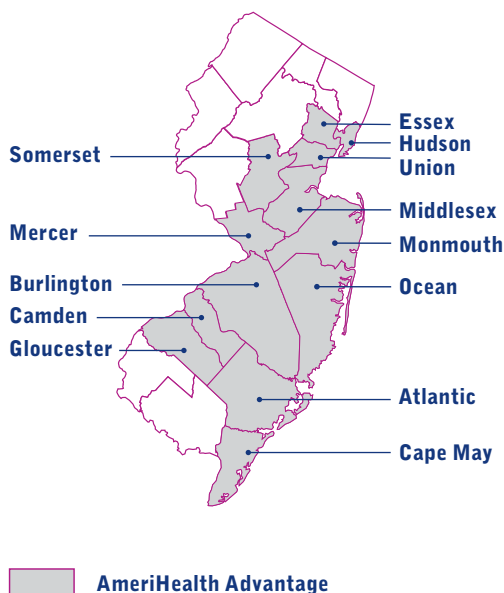


Tier 2

## AmeriHealth Advantage<sup>1</sup>

- Tier 1 offers the lowest out-of-pocket costs when members use AmeriHealth Advantage doctors and hospitals
- Tier 2 is available through Value Plus and National Access, if applicable
- Combined deductible and maximum out-of-pocket, on applicable plans

This product is only available in certain counties. Refer to the map to see if it's available where your large employer is headquartered.



## Benefits of an AmeriHealth Advantage health plan

- Simple and easy to use
- Lower monthly premiums
- Lower deductibles and out-of-pocket costs
- No referrals needed
- Option of broader access across the country

\* Certain types of providers are not grouped into tiers. Rather than having a tier assignment in the Provider Finder, these providers will be listed as "Participating." If you receive covered services from a provider listed as "Participating," it may be processed at a Tier 2 cost-share. Please see footnotes on page 67.



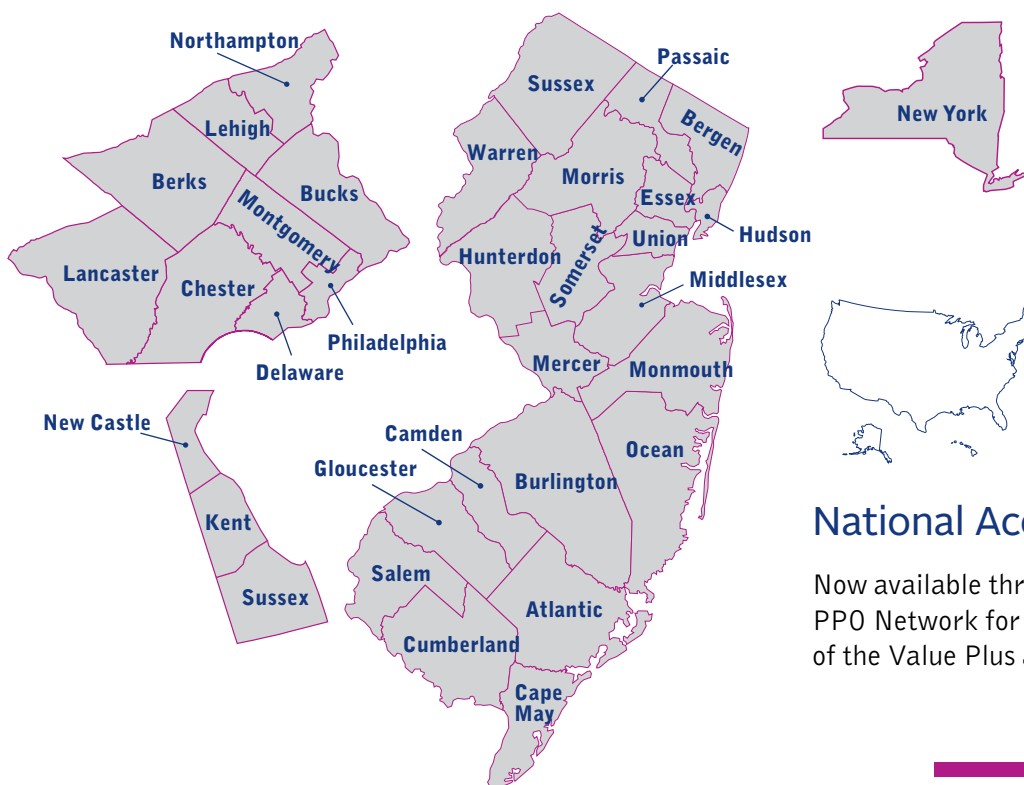
# Network options

AmeriHealth has a variety of networks — making health insurance more affordable for members.

Networks differ based on geography as well as which doctors, hospitals, and other health care providers participate in the network. Members can find the network best for them at [amerihealth.com/providerfinder](https://amerihealth.com/providerfinder).

## Value Plus access

Value Plus<sup>1</sup> gives members access to participating providers throughout New Jersey, plus access to providers in Delaware and southeastern Pennsylvania and providers in the Cigna Healthcare network in New York.<sup>2</sup>



## National Access

Now available through Cigna Healthcare PPO Network for services obtained outside of the Value Plus area.<sup>3</sup>

## Locating in-network doctors and hospitals

Members can log in at [amerihealth.com](https://amerihealth.com). On the homepage, they can select *Find the Right Care*. Once the Provider Search page displays, they will have the choice of searching:

- National Access network for care outside of New Jersey, New York, Delaware, and southeastern Pennsylvania<sup>3</sup>
- Cigna Healthcare network for providers in New York state<sup>2</sup>
- Labcorp for lab locations throughout the country<sup>4</sup>

The Cigna Healthcare PPO Network includes more than **1.5 million health care providers** and **6,400 hospitals** nationwide.

Please see footnotes on page 67.



We're elevating whole-person health by providing programs and resources that help members stay healthy in all aspects of their lives. In turn, employers experience lower absenteeism and better productivity. That's why large customers should choose AmeriHealth.

## PHYSICAL

From virtual care to condition-specific support, members are covered for the care they need.

## MENTAL

Our integrated behavioral health solution helps improve outcomes and address gaps in care.

## FINANCIAL

Members can reduce the stress associated with paying back student loans.

# Taking care of members' overall health

Staying healthy is about more than seeking care when a health issue arises. We want to make it easier for members to take care of themselves in all aspects — physically, mentally, and even financially.

We're focused on whole-person health, which means helping members stay healthy in all aspects of their lives. Our health plans offer members access to the care they need when they need it and personalized resources and support. We reward our members for healthy habits and offer extra support for complex health challenges.

## \$0 virtual care benefits

Our virtual care benefits make it easier and more affordable for members to take care of their health. Teladoc Health (Teladoc) is a global leader in virtual care, offering quick, convenient, and affordable services — members pay \$0<sup>1</sup> cost-sharing. They can access board-certified doctors by phone, online, or through Teladoc's award-winning mobile app. Virtual visits are available in several languages through an interpreter, including American Sign Language (ASL).



### Teladoc General Medical

Members can talk to a board-certified doctor for non-emergency conditions, such as sinus pain, flu, pink eye, and sore throat. They can get a diagnosis and prescription (if needed).



### Teladoc Health Dermatology

Members can get convenient and reliable skincare from a licensed dermatologist for a wide range of conditions. They can request a dermatology consult, complete a short form, and upload images of their skin issues.



### **NEW** Virtual primary care brought to you by Teladoc Primary 360 (P360)

Virtual Primary Care EPO \$0/\$75 \$2,500/50%, includes access to P360, which means members choose a Teladoc doctor to be their virtual primary care physician (VPCP). This program allows a member to select and establish a relationship with the same VPCP, just like they do in a regular brick and mortar office. VPCPs can order labs, tests, and a care team is available to support in between appointments should a member have questions or concerns. This allows them to use these services virtually, sooner, and during a day and time that works best for them — wherever they are.<sup>2</sup>

<sup>1</sup> HSA members are subject to the program allowance for consultations until their deductible has been met. Subject to change.

<sup>2</sup> Available within the U.S. only.

# Focus on mental health

Our health plans include a variety of support and resources to make it easier for members to take care of their mental health, including virtual visits and self-guided tools.

We offer many services to ensure members can easily access affordable and personalized support and resources for their mental health.



## Teladoc Mental Health Care

Members pay \$0<sup>1</sup> cost-sharing to talk to a board-certified psychiatrist, psychologist, or therapist from the Teladoc network by phone or video chat. Members get convenient, confidential access to trusted professionals who can help them manage stress, anxiety, grief, depression, and more.

**More than 75% of users with depression or anxiety reported improvement after their third or fourth Teladoc Mental Health Care visit.**



## Behavioral Health Care Advocates and case managers

Members can call the Mental Health number on the back of their ID card to reach our specially trained Behavioral Health team. These behavioral health professionals can screen members and help connect them to in-network care that suits their needs and preferences. Licensed clinical triage staff are also available for clinical assessment, in-the-moment support, crisis management, and connection to ongoing services.



## Self-service resources

**Mental Health Coaching by Teladoc<sup>2</sup>** is a digital resource with proven tools and dedicated support for stress, depression, chronic pain, substance use, and more. Mental Health Coaching offers self-guided digital content to strengthen a member's emotional well-being wherever they are in their mental health journey.

Another resource is **Quartet**, a service that can connect members to an in-network mental health care provider who fits their needs and accepts their coverage.

Members may also use **Atlas**, a web-based platform created by Shatterproof that empowers them to make informed care decisions when choosing addiction treatment facilities. It also supports efforts to improve overall treatment quality by setting a quality standard.





# 53% REDUCTION

in depression scores experienced by members using Mental Health Coaching.<sup>3</sup>

1 HSA members are subject to the program allowance for consultations until their deductible has been met. Subject to change.

2 Mental Health Coaching by Teladoc Health is available to members ages 18 and older.

3 [ncbi.nlm.nih.gov/pmc/articles/PMC5395692/](https://ncbi.nlm.nih.gov/pmc/articles/PMC5395692/)

# Support to help members reach their health goals

Everyone's journey to well-being is different — we encourage members to embrace theirs! Whether they are generally healthy or need extra support, Embrace Well-being can help our members reach their personal goals.

**Our members have access to personalized support, resources, and savings:**



## Extra support

Members get complimentary 24/7 support from Registered Nurse Health Coaches, chronic condition and disease management, behavioral health guidance, and support during pregnancy.



## Personalized online tools

We make it easy and fun for our members to stay motivated on their well-being journey. They can create an action plan and get reminders specific to their health goals. Members can also sync with fitness apps and devices to track their progress, create challenges, and invite friends.



## Affordable workouts

Take advantage of discounts on gym memberships, virtual fitness classes, home exercise equipment, and healthy eating programs with the HUSK Marketplace. Plus, you and your family get free access to a library of fitness and nutrition resources, and training spotlight videos.



## Member-exclusive discounts

Members can save money on health-related products and services, entertainment, and events! We offer a wide range of discounts, from local and regional businesses to merchant gift certificates and online shopping.



**AmeriHealth members get rewarded for living a healthy, active lifestyle. That includes receiving recommended check-ups and preventive screenings!**

## Members can earn \$150

Health plan subscribers<sup>1</sup> can earn up to \$150 Embrace Well-being dollars for their healthy habits. Embrace Well-being dollars can be redeemed for e-gift cards to a variety of popular retailers. To earn \$150, subscribers must:

- Complete any of the 13 eligible activities during the plan year
- Submit the Embrace Well-being verification form along with supporting documentation to [embracewellbeing@amerihealth.com](mailto:embracewellbeing@amerihealth.com).

Visit [amerihealth.com/wellness](https://amerihealth.com/wellness) to learn more.

## Nutrition counseling

Members can use their nutrition counseling benefit to receive up to six one-on-one virtual visits at no additional cost. Members have the option of seeing an in-network registered dietitian or a nutrition counselor via HUSK Nutrition, available through the HUSK Marketplace, to access personalized virtual nutrition counseling.<sup>2</sup> Members can even earn a \$25 Embrace Well-being Reward by completing one nutrition counseling session with a registered dietitian and submitting documentation to [embracewellbeing@amerihealth.com](mailto:embracewellbeing@amerihealth.com).

Learn more at [amerihealth.com/wellness](https://amerihealth.com/wellness).



## Encourage customers to use their credits

Eligible customers receive 5,000 credits annually that can be used to design a custom Embrace Well-being @Work program for all employees. Our team helps them choose the right programs for their employees from a variety of fitness, nutrition, and well-being resources.

<sup>1</sup> Embrace Well-being Rewards are only open to the health plan subscriber and spouse. Dependent children are not eligible to earn Embrace Well-being dollars.

<sup>2</sup> Six nutrition counseling visits are covered as a part of standard large group fully insured plans.



## **FOCUSED CARE**

Our condition-specific products go beyond our medical benefits. These programs, tools, and services give members the extra support they need to live their best lives.



# Condition-specific support

Members don't have to manage challenging health issues alone. They can get extra support when they need it.

## Maternity care

Baby FootSteps® is our comprehensive and free maternity program members can self-enroll in during pregnancy, delivery, and after birth. Registered Nurse Health Coaches who specialize in pregnancy-related care are available by phone 24/7 to answer questions or help with any complications the member may experience.

## Cancer support from Thyme Care

We understand how challenging cancer treatment can be, so we offer Thyme Care to help give members informative and comforting support. With Thyme Care, members get 24/7 on-demand nurse support, advocates who can collaborate with their medical team and caregivers, and additional support, including financial help, transportation, or community groups dedicated to supporting cancer patients.

## Diabetes management support

Teladoc Diabetes Management makes it easier for members to get the support they need to manage their blood sugar and stay healthy. Eligible members get an advanced blood glucose meter, strips and lancets, and support — all at no cost.



**Thyme Care members rated their services  
9.7 out of 10.**

## Focus on financial well-being

Our health plans feature more than just medical and prescription drug benefits. Financial stress can impact overall well-being, so we offer ways to improve an employee's financial health, too.

### Paying for college and reducing student loan debt

GradFin<sup>1</sup> helps employees find ways to save for college and reduce student loan debt.<sup>2</sup>

They offer:

- **Student Loan Financial Education.** Employees can sign up for free consultations, live webinars, and “town hall” meetings to learn how to reduce their debt.
- **Student Loan Solutions.** Get help with new or refinanced loans and consolidating loans.
- **Public Service Loan Forgiveness (PSLF) program.**<sup>3</sup> Specifically for employees of 501(c)3 organizations, this program helps employees stay on track by auditing payments and certifying income and employment.

### Health Saving Accounts (HSA)

An HSA is a personal tax-advantaged savings and investment account that allows employees to set aside pre-tax dollars for current and future health care expenses for themselves and their dependents.<sup>4</sup> When the HSA is tied to a qualified high-deductible health plan (QHDHP), employees build funds for current and future expenses and manage their medical and spending accounts online. This helps employees’ medical spending dollars stretch further.

Offering an HSA to employees is beneficial to employers as well. Employers can benefit from even lower payroll taxes if they contribute to their employees’ HSAs because employer HSA contributions aren’t included in their employees’ income. Therefore, they aren’t subject to federal income tax, Social Security tax, or Medicare tax (commonly known as FICA tax). Employer HSA contributions are also deductible as a business expense, so the employer, benefits on the front end and on the back end.

2025 HSA and High-Deductible Health Plan (HDHP) Limits	
<b>Contribution limits</b> Self-only/Family	<b>\$4,300/\$8,550</b>
<b>HDHP minimum deductible</b> Self-only/Family	<b>\$1,650/\$3,300</b>
<b>HDHP maximum out-of-pocket</b> Self-only/Family	<b>\$8,300/\$16,600</b>

<sup>1</sup> GradFin is a value-added program and not a benefit under an AmeriHealth plan and is, therefore, subject to change without notice. GradFin is not a debt relief services company, lender, loan broker, broker-dealer, registered investment adviser, or insurance agent. Information provided by GradFin does not constitute, nor does GradFin provide, tax, legal, financial, credit counseling, or accounting advice.

<sup>2</sup> Savings vary based on the rate and term of the employee’s existing and refinanced loan(s). Refinancing to a longer term may lower their monthly payments but may also increase the total interest paid over the life of the loan. Refinancing to a shorter term may increase their monthly payments but may lower the total interest paid over the life of the loan. Employees should review their loan documentation for total cost of their refinanced loan.

<sup>3</sup> To qualify for PSLF, the employee must be employed by a U.S. federal, state, local, or tribal government or not-for-profit organization (federal service includes U.S. military service); work full-time for that agency or organization; have Direct Loans (or consolidate other federal student loans into Direct Loan); repay their loans under an Income-Driven Repayment plan; and make 120 qualifying payments. For full program requirements, visit [studentaid.gov/manage-loans/forgivenesscancellation/public-service](https://studentaid.gov/manage-loans/forgivenesscancellation/public-service).

<sup>4</sup> In New Jersey, although employee contributions to an HSA are pretax for federal income tax purposes, contributions are after-tax for state income tax purposes. Account holders do not receive the same tax-free growth as provided at the federal level. However, distributions for qualified medical expenses are tax-free at both the federal and state level in New Jersey.

# Streamlined benefits administration

We provide large employers with superior service and tools for effective account management.

Employers can administer their health plan benefits efficiently and securely 24/7 through our group portal at [amerihealth.com](https://amerihealth.com). They can log in for access to enrollment, billing, member ID cards, and more.



## Pay invoices online

Make one-time payments up until the premium due date, or set up recurring monthly payments from one or multiple bank accounts.



## Manage an account

Add employees, change employee or dependent information, and administer spending accounts.



## Get member ID cards

Request new ID cards for employees and their covered dependents.

## Staying connected by text

### Brokers

Visit [amerihealth.com/brokerwire](https://amerihealth.com/brokerwire) to sign up to receive text messages with critical or time-sensitive updates. Please have your license number available when you sign up.

### Members

Members can text **MYAMERIHEALTH** to **77576** to sign up for personalized reminders about their health, important plan notifications, and money-saving tips by text message.



Scan this QR code to visit  
[amerihealth.com/brokerwire](https://amerihealth.com/brokerwire)









# AMERIHEALTH ADVANTAGE NATIONAL ACCESS

2025 BENEFIT DESIGNS



		NEW PLAN	
AMERIHEALTH ADVANTAGE EPO <sup>1</sup> BENEFIT DESIGNS		NATIONAL ACCESS \$30/\$60 \$2,000/30%	
MEDICAL BENEFITS	TIER 1	TIER 2	
<b>Deductible<sup>2</sup> – Individual/Family</b>	\$2,000/\$4,000	\$2,500/\$5,000	
<b>Maximum out-of-pocket – Individual/Family</b>	\$6,900/\$13,800 <sup>9</sup>		
<b>Primary care visits</b>	\$30 copay after deductible	\$50 copay after deductible	
<b>Specialist visits</b>	\$60 copay after deductible	\$75 copay after deductible	
<b>Emergency room</b>	\$100 copay after deductible <sup>10</sup>	\$100 copay after deductible <sup>10</sup>	
<b>Urgent care services</b>	\$75 copay after deductible	\$75 copay after deductible	
<b>Inpatient hospital services (including maternity)<sup>3</sup></b>	30% coinsurance after deductible	50% coinsurance after deductible	
<b>Outpatient surgery<sup>3</sup></b>			
<b>Rehabilitation services<sup>4</sup></b>	\$60 copay after deductible	\$60 copay after deductible	
<b>Chiropractic care<sup>4</sup></b>	\$30 copay after deductible	\$30 copay after deductible	
<b>X-rays and diagnostic imaging</b>	50% coinsurance after deductible	50% coinsurance after deductible	
<b>Imaging CT, PET scans, MRIs<sup>3</sup></b>			
<b>Laboratory<sup>5</sup></b>	50% coinsurance after deductible	50% coinsurance after deductible	
<b>Durable medical equipment</b>	50% coinsurance after deductible	50% coinsurance after deductible	
<b>Inpatient treatment – Mental and behavioral health and substance use disorder<sup>3</sup></b>	30% coinsurance after deductible	30% coinsurance after deductible	
<b>Outpatient treatment – Mental and behavioral health and substance use disorder</b>	\$60 copay after deductible	\$60 copay after deductible	

Please see footnotes on page 67.

**AMERIHEALTH  
ADVANTAGE EPO<sup>1</sup>**  
BENEFIT DESIGNS

**NATIONAL ACCESS HSA**  
**\$2,000/20%**  
**\$7/50%/\$125 Rx<sup>6</sup>**

MEDICAL BENEFITS	TIER 1	TIER 2
<b>Deductible<sup>2</sup> – Individual/Family</b>	\$2,000 <sup>7</sup> /\$4,000	\$2,500 <sup>7</sup> /\$5,000
<b>Maximum out-of-pocket – Individual/Family</b>	\$6,900/\$13,800 <sup>8,9</sup>	
<b>Primary care visits</b>	\$20 copay after deductible	\$50 copay after deductible
<b>Specialist visits</b>	\$40 copay after deductible	\$75 copay after deductible
<b>Emergency room</b>	\$100 copay after deductible <sup>10</sup>	\$100 copay after deductible <sup>10</sup>
<b>Urgent care services</b>	\$75 copay after deductible	\$75 copay after deductible
<b>Inpatient hospital services (including maternity)<sup>3</sup></b>	20% coinsurance after deductible	50% coinsurance after deductible
<b>Outpatient surgery<sup>3</sup></b>		
<b>Rehabilitation services<sup>4</sup></b>	\$40 copay after deductible	\$40 copay after deductible
<b>Chiropractic care<sup>4</sup></b>	\$30 copay after deductible	\$30 copay after deductible
<b>X-rays and diagnostic imaging</b>	20% coinsurance after deductible	20% coinsurance after deductible
<b>Imaging CT, PET scans, MRIs<sup>3</sup></b>		
<b>Laboratory<sup>5</sup></b>	No charge after deductible	No charge after deductible
<b>Durable medical equipment</b>	50% coinsurance after deductible	50% coinsurance after deductible
<b>Inpatient treatment – Mental and behavioral health and substance use disorder<sup>3</sup></b>	20% coinsurance after deductible	20% coinsurance after deductible
<b>Outpatient treatment – Mental and behavioral health and substance use disorder</b>	\$40 copay after deductible	\$40 copay after deductible

Please see footnotes on page 67.

**AMERIHEALTH  
ADVANTAGE EPO<sup>1</sup>**  
BENEFIT DESIGNS

**NEW PLAN**

**NATIONAL ACCESS**  
**\$20/\$40**  
**\$1,000/20%**

<b>MEDICAL BENEFITS</b>	<b>TIER 1</b>	<b>TIER 2</b>
<b>Deductible<sup>2</sup> – Individual/Family</b>	\$1,000/\$2,000	\$2,000/\$4,000
<b>Maximum out-of-pocket – Individual/Family</b>	\$6,900/\$13,800 <sup>9</sup>	
<b>Primary care visits</b>	\$20 copay	\$50 copay
<b>Specialist visits</b>	\$40 copay	\$75 copay
<b>Emergency room</b>	\$100 copay <sup>10</sup>	
<b>Urgent care services</b>	\$75 copay	
<b>Inpatient hospital services (including maternity)<sup>3</sup></b>	20% coinsurance after deductible	50% coinsurance after deductible
<b>Outpatient surgery<sup>3</sup></b>		
<b>Rehabilitation services<sup>4</sup></b>	\$40 copay	
<b>Chiropractic care<sup>4</sup></b>	\$30 copay	
<b>X-rays and diagnostic imaging</b>	50% coinsurance after deductible	50% coinsurance after deductible
<b>Imaging CT, PET scans, MRIs<sup>3</sup></b>		
<b>Laboratory<sup>5</sup></b>	No charge, no deductible	
<b>Durable medical equipment</b>	50% coinsurance after deductible	50% coinsurance after deductible
<b>Inpatient treatment – Mental and behavioral health and substance use disorder<sup>3</sup></b>	20% coinsurance after deductible	20% coinsurance after deductible
<b>Outpatient treatment – Mental and behavioral health and substance use disorder</b>	\$40 copay	

Please see footnotes on page 67.



**AMERIHEALTH  
ADVANTAGE EPO<sup>1</sup>**  
BENEFIT DESIGNS

**NATIONAL ACCESS HSA**  
**\$1,650/10%**  
**\$7/50%/\$125 Rx<sup>6</sup>**

MEDICAL BENEFITS	TIER 1	TIER 2
<b>Deductible<sup>2</sup> – Individual/Family</b>	\$1,650 <sup>7</sup> /\$3,300	\$2,500 <sup>7</sup> /\$5,000
<b>Maximum out-of-pocket – Individual/Family</b>	\$5,000/\$10,000 <sup>8,9</sup>	
<b>Primary care visits</b>	\$15 copay after deductible	\$50 copay after deductible
<b>Specialist visits</b>	\$30 copay after deductible	\$75 copay after deductible
<b>Emergency room</b>	10% coinsurance after deductible	50% coinsurance after deductible
<b>Urgent care services</b>		10% coinsurance after deductible
<b>Inpatient hospital services (including maternity)<sup>3</sup></b>	10% coinsurance after deductible	50% coinsurance after deductible
<b>Outpatient surgery<sup>3</sup></b>		
<b>Rehabilitation services<sup>4</sup></b>	\$30 copay after deductible	\$30 copay after deductible
<b>Chiropractic care<sup>4</sup></b>		
<b>X-rays and diagnostic imaging</b>	10% coinsurance after deductible	10% coinsurance after deductible
<b>Imaging CT, PET scans, MRIs<sup>3</sup></b>		
<b>Laboratory<sup>5</sup></b>	No charge after deductible	No charge after deductible
<b>Durable medical equipment</b>	50% coinsurance after deductible	50% coinsurance after deductible
<b>Inpatient treatment – Mental and behavioral health and substance use disorder<sup>3</sup></b>	10% coinsurance after deductible	10% coinsurance after deductible
<b>Outpatient treatment – Mental and behavioral health and substance use disorder</b>	\$30 copay after deductible	\$30 copay after deductible

Please see footnotes on page 67.

**AMERIHEALTH  
ADVANTAGE EPO<sup>1</sup>**  
BENEFIT DESIGNS

**NATIONAL ACCESS**  
**\$15/\$25, \$500**  
**\$100/DAY**

MEDICAL BENEFITS	TIER 1	TIER 2
<b>Deductible<sup>2</sup> – Individual/Family</b>	\$500/\$1,000	\$2,500/\$5,000
<b>Maximum out-of-pocket – Individual/Family</b>	\$6,000/\$12,000 <sup>9</sup>	
<b>Primary care visits</b>	\$15 copay	\$30 copay
<b>Specialist visits</b>	\$25 copay	\$50 copay
<b>Emergency room</b>	\$100 copay <sup>10</sup>	\$100 copay after deductible <sup>10</sup>
<b>Urgent care services</b>	\$75 copay	
<b>Inpatient hospital services (including maternity)<sup>3</sup></b>	\$100 copay per day, up to 5 days <sup>11</sup>	\$300 copay per day, up to 5 days after deductible <sup>11</sup>
<b>Outpatient surgery<sup>3</sup></b>	\$50 copay	\$100 copay after deductible
<b>Rehabilitation services<sup>4</sup></b>	\$25 copay	
<b>Chiropractic care<sup>4</sup></b>	\$25 copay	
<b>X-rays and diagnostic imaging</b>	\$50 copay	
<b>Imaging CT, PET scans, MRIs<sup>3</sup></b>	\$100 copay	
<b>Laboratory<sup>5</sup></b>	No charge, no deductible	
<b>Durable medical equipment</b>	50% coinsurance after deductible	50% coinsurance after deductible
<b>Inpatient treatment – Mental and behavioral health and substance use disorder<sup>3</sup></b>	\$100 copay per day, up to 5 days <sup>11</sup>	
<b>Outpatient treatment – Mental and behavioral health and substance use disorder</b>	\$25 copay	

Please see footnotes on page 67.

	NEW PLAN	
	NATIONAL ACCESS \$15/\$30, \$1,000 \$100/DAY	
MEDICAL BENEFITS	TIER 1	TIER 2
<b>Deductible<sup>2</sup> – Individual/Family</b>	\$1,000/\$2,000	\$2,000/\$4,000
<b>Maximum out-of-pocket – Individual/Family</b>	\$6,000/\$12,000 <sup>9</sup>	
<b>Primary care visits</b>	\$15 copay	\$50 copay
<b>Specialist visits</b>	\$30 copay	\$75 copay
<b>Emergency room</b>	\$100 copay <sup>10</sup>	
<b>Urgent care services</b>	\$75 copay	
<b>Inpatient hospital services (including maternity)<sup>3</sup></b>	\$100 copay per day, up to 5 days <sup>11</sup>	\$300 copay per day, up to 5 days <sup>11</sup>
<b>Outpatient surgery<sup>3</sup></b>	\$50 copay	\$100 copay
<b>Rehabilitation services<sup>4</sup></b>	\$30 copay	
<b>Chiropractic care<sup>4</sup></b>	\$30 copay	
<b>X-rays and diagnostic imaging</b>	\$50 copay	
<b>Imaging CT, PET scans, MRIs<sup>3</sup></b>	\$100 copay	
<b>Laboratory<sup>5</sup></b>	No charge, no deductible	
<b>Durable medical equipment</b>	50% coinsurance after deductible	50% coinsurance after deductible
<b>Inpatient treatment – Mental and behavioral health and substance use disorder<sup>3</sup></b>	\$100 copay per day, up to 5 days <sup>11</sup>	
<b>Outpatient treatment – Mental and behavioral health and substance use disorder</b>	\$30 copay	

Please see footnotes on page 67.







# AMERIHEALTH ADVANTAGE EPO

## 2025 BENEFIT DESIGNS



**AMERIHEALTH  
ADVANTAGE EPO<sup>1</sup>**  
BENEFIT DESIGNS

**\$30/\$60  
\$2,500/30%**

MEDICAL BENEFITS	TIER 1	TIER 2
<b>Deductible – Individual/Family</b>	\$2,500/\$5,000 <sup>12</sup>	
<b>Maximum out-of-pocket – Individual/Family</b>	\$6,900/\$13,800 <sup>9</sup>	
<b>Primary care visits</b>	\$30 copay after deductible	\$50 copay after deductible
<b>Specialist visits</b>	\$60 copay after deductible	\$75 copay after deductible
<b>Emergency room</b>	\$100 copay after deductible <sup>10</sup>	
<b>Urgent care services</b>	\$75 copay after deductible	
<b>Inpatient hospital services (including maternity)<sup>3</sup></b>	30% coinsurance after deductible	50% coinsurance after deductible
<b>Outpatient surgery<sup>3</sup></b>		
<b>Rehabilitation services<sup>4</sup></b>	\$60 copay after deductible	
<b>Chiropractic care<sup>4</sup></b>	\$30 copay after deductible	
<b>X-rays and diagnostic imaging</b>	50% coinsurance after deductible	
<b>Imaging CT, PET scans, MRIs<sup>3</sup></b>	50% coinsurance after deductible	
<b>Laboratory<sup>5</sup></b>	50% coinsurance after deductible	
<b>Durable medical equipment</b>	50% coinsurance after deductible	
<b>Inpatient treatment – Mental and behavioral health and substance use disorder<sup>3</sup></b>	30% coinsurance after deductible	
<b>Outpatient treatment – Mental and behavioral health and substance use disorder</b>	\$60 copay after deductible	

Please see footnotes on page 67.

**AMERIHEALTH  
ADVANTAGE EPO<sup>1</sup>**  
BENEFIT DESIGNS

**HSA**  
**\$2,500/30%**  
**\$7/50%/\$125 Rx<sup>6</sup>**

MEDICAL BENEFITS	TIER 1	TIER 2
<b>Deductible — Individual/Family</b>	\$2,500 <sup>7</sup> /\$5,000 <sup>12</sup>	
<b>Maximum out-of-pocket — Individual/Family</b>	\$6,900/\$13,800 <sup>8,9</sup>	
<b>Primary care visits</b>	\$30 copay after deductible	\$50 copay after deductible
<b>Specialist visits</b>	\$60 copay after deductible	\$75 copay after deductible
<b>Emergency room</b>	\$100 copay after deductible <sup>10</sup>	
<b>Urgent care services</b>	\$75 copay after deductible	
<b>Inpatient hospital services (including maternity)<sup>3</sup></b>	30% coinsurance after deductible	50% coinsurance after deductible
<b>Outpatient surgery<sup>3</sup></b>		
<b>Rehabilitation services<sup>4</sup></b>	\$60 copay after deductible	
<b>Chiropractic care<sup>4</sup></b>	\$30 copay after deductible	
<b>X-rays and diagnostic imaging</b>	50% coinsurance after deductible	
<b>Imaging CT, PET scans, MRIs<sup>3</sup></b>	50% coinsurance after deductible	
<b>Laboratory<sup>5</sup></b>	50% coinsurance after deductible	
<b>Durable medical equipment</b>	50% coinsurance after deductible	
<b>Inpatient treatment — Mental and behavioral health and substance use disorder<sup>3</sup></b>	30% coinsurance after deductible	
<b>Outpatient treatment — Mental and behavioral health and substance use disorder</b>	\$60 copay after deductible	

Please see footnotes on page 67.

**AMERIHEALTH  
ADVANTAGE EPO<sup>1</sup>**  
BENEFIT DESIGNS

**\$30/\$45  
\$2,500/30%**

MEDICAL BENEFITS	TIER 1	TIER 2
<b>Deductible – Individual/Family</b>	\$2,500/\$5,000 <sup>12</sup>	
<b>Maximum out-of-pocket – Individual/Family</b>	\$6,900/\$13,800 <sup>9</sup>	
<b>Primary care visits</b>	\$30 copay	\$50 copay
<b>Specialist visits</b>	\$45 copay	\$75 copay
<b>Emergency room</b>	\$100 copay <sup>10</sup>	
<b>Urgent care services</b>	\$75 copay	
<b>Inpatient hospital services (including maternity)<sup>3</sup></b>	30% coinsurance after deductible	50% coinsurance after deductible
<b>Outpatient surgery<sup>3</sup></b>		
<b>Rehabilitation services<sup>4</sup></b>	\$45 copay	
<b>Chiropractic care<sup>4</sup></b>	\$30 copay	
<b>X-rays and diagnostic imaging</b>	50% coinsurance after deductible	
<b>Imaging CT, PET scans, MRIs<sup>3</sup></b>		
<b>Laboratory<sup>5</sup></b>	No charge, no deductible	
<b>Durable medical equipment</b>	50% coinsurance after deductible	
<b>Inpatient treatment – Mental and behavioral health and substance use disorder<sup>3</sup></b>	30% coinsurance after deductible	
<b>Outpatient treatment – Mental and behavioral health and substance use disorder</b>	\$45 copay	

Please see footnotes on page 67.



**AMERIHEALTH  
ADVANTAGE EPO<sup>1</sup>**  
BENEFIT DESIGNS

**\$20/\$40  
\$2,000/20%**

MEDICAL BENEFITS	TIER 1	TIER 2
<b>Deductible — Individual/Family</b>	\$2,000/\$4,000 <sup>12</sup>	
<b>Maximum out-of-pocket — Individual/Family</b>	\$5,000/\$10,000 <sup>9</sup>	
<b>Primary care visits</b>	\$20 copay	\$50 copay
<b>Specialist visits</b>	\$40 copay	\$75 copay
<b>Emergency room</b>	\$100 copay <sup>10</sup>	
<b>Urgent care services</b>	\$75 copay	
<b>Inpatient hospital services (including maternity)<sup>3</sup></b>	20% coinsurance after deductible	50% coinsurance after deductible
<b>Outpatient surgery<sup>3</sup></b>		
<b>Rehabilitation services<sup>4</sup></b>	\$40 copay	
<b>Chiropractic care<sup>4</sup></b>	\$30 copay	
<b>X-rays and diagnostic imaging</b>	50% coinsurance after deductible	
<b>Imaging CT, PET scans, MRIs<sup>3</sup></b>		
<b>Laboratory<sup>5</sup></b>	No charge, no deductible	
<b>Durable medical equipment</b>	50% coinsurance after deductible	
<b>Inpatient treatment — Mental and behavioral health and substance use disorder<sup>3</sup></b>	20% coinsurance after deductible	
<b>Outpatient treatment — Mental and behavioral health and substance use disorder</b>	\$40 copay	

Please see footnotes on page 67.

**AMERIHEALTH  
ADVANTAGE EPO<sup>1</sup>**  
BENEFIT DESIGNS

**\$15/\$25, \$1,500  
\$100/DAY**

MEDICAL BENEFITS	TIER 1	TIER 2
<b>Deductible – Individual/Family</b>	\$1,500/\$3,000 <sup>12</sup>	
<b>Maximum out-of-pocket – Individual/Family</b>	\$5,000/\$10,000 <sup>9</sup>	
<b>Primary care visits</b>	\$15 copay	\$30 copay
<b>Specialist visits</b>	\$25 copay	\$50 copay
<b>Emergency room</b>	\$100 copay <sup>10</sup>	\$100 copay after deductible <sup>10</sup>
<b>Urgent care services</b>	\$75 copay	
<b>Inpatient hospital services (including maternity)<sup>3</sup></b>	\$100 copay per day, up to 5 days <sup>11</sup>	\$300 copay per day, up to 5 days, after deductible <sup>11</sup>
<b>Outpatient surgery<sup>3</sup></b>	\$50 copay	\$100 copay after deductible
<b>Rehabilitation services<sup>4</sup></b>	\$25 copay	
<b>Chiropractic care<sup>4</sup></b>	\$25 copay	
<b>X-rays and diagnostic imaging</b>	\$50 copay	
<b>Imaging CT, PET scans, MRIs<sup>3</sup></b>	\$100 copay	
<b>Laboratory<sup>5</sup></b>	No charge, no deductible	
<b>Durable medical equipment</b>	50% coinsurance after deductible	
<b>Inpatient treatment – Mental and behavioral health and substance use disorder<sup>3</sup></b>	\$100 copay per day, up to 5 days <sup>11</sup>	
<b>Outpatient treatment – Mental and behavioral health and substance use disorder</b>	\$25 copay	

Please see footnotes on page 67.

**AMERIHEALTH  
ADVANTAGE EPO<sup>1</sup>**  
BENEFIT DESIGNS

**HSA**  
**\$1,650/10%**  
**\$7/50%/\$125 Rx<sup>6</sup>**

MEDICAL BENEFITS	TIER 1	TIER 2
<b>Deductible — Individual/Family</b>	\$1,650 <sup>7</sup> /\$3,300 <sup>12</sup>	
<b>Maximum out-of-pocket — Individual/Family</b>	\$3,000 <sup>7</sup> /\$6,000 <sup>9</sup>	
<b>Primary care visits</b>	\$15 copay after deductible	\$30 copay after deductible
<b>Specialist visits</b>	\$30 copay after deductible	\$60 copay after deductible
<b>Emergency room</b>	10% coinsurance after deductible	
<b>Urgent care services</b>	10% coinsurance after deductible	
<b>Inpatient hospital services (including maternity)<sup>3</sup></b>	10% coinsurance after deductible	30% coinsurance after deductible
<b>Outpatient surgery<sup>3</sup></b>	10% coinsurance after deductible	
<b>Rehabilitation services<sup>4</sup></b>	\$30 copay after deductible	
<b>Chiropractic care<sup>4</sup></b>	\$30 copay after deductible	
<b>X-rays and diagnostic imaging</b>	10% coinsurance after deductible	
<b>Imaging CT, PET scans, MRIs<sup>3</sup></b>	10% coinsurance after deductible	
<b>Laboratory<sup>5</sup></b>	No charge after deductible	
<b>Durable medical equipment</b>	50% coinsurance after deductible	
<b>Inpatient treatment — Mental and behavioral health and substance use disorder<sup>3</sup></b>	10% coinsurance after deductible	
<b>Outpatient treatment — Mental and behavioral health and substance use disorder</b>	\$30 copay after deductible	

Please see footnotes on page 67.

**AMERIHEALTH  
ADVANTAGE EPO<sup>1</sup>**  
BENEFIT DESIGNS

**\$15/\$30, \$1,000  
\$100/DAY**

MEDICAL BENEFITS	TIER 1	TIER 2
<b>Deductible – Individual/Family</b>	\$1,000/\$2,000 <sup>12</sup>	
<b>Maximum out-of-pocket – Individual/Family</b>	\$4,000/\$8,000 <sup>9</sup>	
<b>Primary care visits</b>	\$15 copay	\$50 copay
<b>Specialist visits</b>	\$30 copay	\$75 copay
<b>Emergency room</b>	\$100 copay <sup>10</sup>	
<b>Urgent care services</b>	\$75 copay	
<b>Inpatient hospital services (including maternity)<sup>3</sup></b>	\$100 copay per day, up to 5 days <sup>11</sup>	\$300 copay per day, up to 5 days <sup>11</sup>
<b>Outpatient surgery<sup>3</sup></b>	\$50 copay	\$100 copay
<b>Rehabilitation services<sup>4</sup></b>	\$30 copay	
<b>Chiropractic care<sup>4</sup></b>	\$30 copay	
<b>X-rays and diagnostic imaging</b>	\$50 copay	
<b>Imaging CT, PET scans, MRIs<sup>3</sup></b>	\$100 copay	
<b>Laboratory<sup>5</sup></b>	No charge, no deductible	
<b>Durable medical equipment</b>	50% coinsurance after deductible	
<b>Inpatient treatment – Mental and behavioral health and substance use disorder<sup>3</sup></b>	\$100 copay per day, up to 5 days <sup>11</sup>	
<b>Outpatient treatment – Mental and behavioral health and substance use disorder</b>	\$30 copay	

Please see footnotes on page 67.

**EPO HSA**  
2025 BENEFIT DESIGNS



<b>EPO HSA BENEFIT DESIGNS</b>	<b>HSA \$2,500/50% \$25/\$50/\$75 Rx<sup>6</sup></b>	<b>HSA \$2,500/30% \$25/\$50/\$75 Rx<sup>6</sup></b>	<b>HSA \$2,500/20% \$25/\$50/\$75 Rx<sup>6</sup></b>
<b>MEDICAL BENEFITS</b>	<b>IN-NETWORK</b>	<b>IN-NETWORK</b>	<b>IN-NETWORK</b>
<b>Deductible – Individual/Family</b>	\$2,500 <sup>7</sup> /\$5,000	\$2,500 <sup>7</sup> /\$5,000	\$2,500 <sup>7</sup> /\$5,000
<b>Maximum out-of-pocket – Individual/Family</b>	\$6,900/\$13,800 <sup>8</sup>	\$6,900/\$13,800 <sup>8</sup>	\$5,000/\$10,000 <sup>8</sup>
<b>Primary care visits</b>	50% coinsurance after deductible	30% coinsurance after deductible	20% coinsurance after deductible
<b>Specialist visits</b>	50% coinsurance after deductible	30% coinsurance after deductible	20% coinsurance after deductible
<b>Emergency room</b>	50% coinsurance after deductible	30% coinsurance after deductible	20% coinsurance after deductible
<b>Urgent care services</b>	50% coinsurance after deductible	30% coinsurance after deductible	20% coinsurance after deductible
<b>Inpatient hospital services (including maternity)<sup>3</sup></b>	50% coinsurance after deductible	30% coinsurance after deductible	20% coinsurance after deductible
<b>Outpatient surgery<sup>3</sup></b>	50% coinsurance after deductible	30% coinsurance after deductible	20% coinsurance after deductible
<b>Rehabilitation services<sup>4</sup></b>	50% coinsurance after deductible	30% coinsurance after deductible	20% coinsurance after deductible
<b>Chiropractic care<sup>4</sup></b>	50% coinsurance after deductible	30% coinsurance after deductible	20% coinsurance after deductible
<b>X-rays and diagnostic imaging</b>	50% coinsurance after deductible	30% coinsurance after deductible	20% coinsurance after deductible
<b>Imaging CT, PET scans, MRIs<sup>3</sup></b>	50% coinsurance after deductible	30% coinsurance after deductible	20% coinsurance after deductible
<b>Laboratory<sup>5</sup></b>	No charge after deductible	No charge after deductible	No charge after deductible
<b>Durable medical equipment</b>	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible
<b>Inpatient treatment – Mental and behavioral health and substance use disorder<sup>3</sup></b>	50% coinsurance after deductible	30% coinsurance after deductible	20% coinsurance after deductible
<b>Outpatient treatment – Mental and behavioral health and substance use disorder</b>	50% coinsurance after deductible	30% coinsurance after deductible	20% coinsurance after deductible

Please see footnotes on page 67.



<b>EPO HSA BENEFIT DESIGNS</b>	<b>HSA \$2,000/40% \$25/\$50/\$75 Rx<sup>6</sup></b>	<b>HSA \$30/\$50 \$2,500/0% \$25/\$50/\$75 Rx<sup>6</sup></b>	<b>HSA \$1,650/50% \$7/50%/\$125 Rx<sup>6</sup></b>
<b>MEDICAL BENEFITS</b>	<b>IN-NETWORK</b>	<b>IN-NETWORK</b>	<b>IN-NETWORK</b>
<b>Deductible — Individual/Family</b>	\$2,000 <sup>7</sup> /\$4,000	\$2,500 <sup>7</sup> /\$5,000	\$1,650 <sup>7</sup> /\$3,300
<b>Maximum out-of-pocket — Individual/Family</b>	\$4,000/\$8,000 <sup>8</sup>	\$6,900/\$13,800 <sup>8</sup>	\$2,500 <sup>7</sup> /\$5,000
<b>Primary care visits</b>	40% coinsurance after deductible	\$30 copay after deductible	50% coinsurance after deductible
<b>Specialist visits</b>	40% coinsurance after deductible	\$50 copay after deductible	50% coinsurance after deductible
<b>Emergency room</b>	40% coinsurance after deductible	\$100 copay after deductible <sup>10</sup>	50% coinsurance after deductible
<b>Urgent care services</b>	40% coinsurance after deductible	\$75 copay after deductible	50% coinsurance after deductible
<b>Inpatient hospital services (including maternity)<sup>3</sup></b>	40% coinsurance after deductible	No charge after deductible	50% coinsurance after deductible
<b>Outpatient surgery<sup>3</sup></b>	40% coinsurance after deductible	No charge after deductible	50% coinsurance after deductible
<b>Rehabilitation services<sup>4</sup></b>	40% coinsurance after deductible	No charge after deductible	50% coinsurance after deductible
<b>Chiropractic care<sup>4</sup></b>	40% coinsurance after deductible	\$30 copay after deductible	50% coinsurance after deductible
<b>X-rays and diagnostic imaging</b>	40% coinsurance after deductible	No charge after deductible	50% coinsurance after deductible
<b>Imaging CT, PET scans, MRIs<sup>3</sup></b>	40% coinsurance after deductible	No charge after deductible	50% coinsurance after deductible
<b>Laboratory<sup>5</sup></b>	No charge after deductible	No charge after deductible	No charge after deductible
<b>Durable medical equipment</b>	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible
<b>Inpatient treatment — Mental and behavioral health and substance use disorder<sup>3</sup></b>	40% coinsurance after deductible	No charge after deductible	50% coinsurance after deductible
<b>Outpatient treatment — Mental and behavioral health and substance use disorder</b>	40% coinsurance after deductible	No charge after deductible	50% coinsurance after deductible

Please see footnotes on page 67.

<b>EPO HSA BENEFIT DESIGNS</b>	<b>HSA \$1,650/30% \$7/50%/ \$125 Rx<sup>6</sup></b>	<b>HSA \$1,650/30% \$10/\$40/\$60 Rx<sup>6</sup></b>	<b>HSA \$2,500/0% \$10/\$40/\$60 Rx<sup>6</sup></b>
<b>MEDICAL BENEFITS</b>	<b>IN-NETWORK</b>	<b>IN-NETWORK</b>	<b>IN-NETWORK</b>
<b>Deductible – Individual/Family</b>	\$1,650 <sup>7</sup> /\$3,300	\$1,650 <sup>7</sup> /\$3,300	\$2,500 <sup>7</sup> /\$5,000
<b>Maximum out-of-pocket – Individual/Family</b>	\$3,000 <sup>7</sup> /\$6,000	\$3,000 <sup>7</sup> /\$6,000	\$3,000 <sup>7</sup> /\$6,000
<b>Primary care visits</b>	30% coinsurance after deductible	30% coinsurance after deductible	No charge after deductible
<b>Specialist visits</b>	30% coinsurance after deductible	30% coinsurance after deductible	No charge after deductible
<b>Emergency room</b>	30% coinsurance after deductible	30% coinsurance after deductible	No charge after deductible
<b>Urgent care services</b>	30% coinsurance after deductible	30% coinsurance after deductible	No charge after deductible
<b>Inpatient hospital services (including maternity)<sup>3</sup></b>	30% coinsurance after deductible	30% coinsurance after deductible	No charge after deductible
<b>Outpatient surgery<sup>3</sup></b>	30% coinsurance after deductible	30% coinsurance after deductible	No charge after deductible
<b>Rehabilitation services<sup>4</sup></b>	30% coinsurance after deductible	30% coinsurance after deductible	No charge after deductible
<b>Chiropractic care<sup>4</sup></b>	30% coinsurance after deductible	30% coinsurance after deductible	No charge after deductible
<b>X-rays and diagnostic imaging</b>	30% coinsurance after deductible	30% coinsurance after deductible	No charge after deductible
<b>Imaging CT, PET scans, MRIs<sup>3</sup></b>	30% coinsurance after deductible	30% coinsurance after deductible	No charge after deductible
<b>Laboratory<sup>5</sup></b>	No charge after deductible	No charge after deductible	No charge after deductible
<b>Durable medical equipment</b>	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible
<b>Inpatient treatment – Mental and behavioral health and substance use disorder<sup>3</sup></b>	30% coinsurance after deductible	30% coinsurance after deductible	No charge after deductible
<b>Outpatient treatment – Mental and behavioral health and substance use disorder</b>	30% coinsurance after deductible	30% coinsurance after deductible	No charge after deductible

Please see footnotes on page 67.



# EPO

## 2025 BENEFIT DESIGNS



	NEW PLAN		
<b>EPO BENEFIT DESIGNS</b>	<b>VIRTUAL PRIMARY CARE EPO \$0/\$75 \$2,500/50%</b>	<b>\$50/\$75 \$2,500/50%</b>	<b>\$40/\$60 \$2,500/40%</b>
<b>MEDICAL BENEFITS</b>	<b>IN-NETWORK</b>	<b>IN-NETWORK</b>	<b>IN-NETWORK</b>
<b>Deductible – Individual/Family</b>	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000
<b>Maximum out-of-pocket – Individual/Family</b>	\$9,200/\$18,400	\$7,350/\$14,700	\$6,900/\$13,800
<b>Primary care visits</b>	VPCP <sup>13</sup> : No charge, no deductible Office visit: \$50 copay	\$50 copay	\$40 copay
<b>Specialist visits</b>	\$75 copay	\$75 copay	\$60 copay
<b>Emergency room</b>	50% coinsurance after deductible	\$100 copay <sup>10</sup>	\$100 copay <sup>10</sup>
<b>Urgent care services</b>	50% coinsurance after deductible	\$75 copay	\$75 copay
<b>Inpatient hospital services (including maternity)<sup>3</sup></b>	50% coinsurance after deductible	50% coinsurance after deductible	40% coinsurance after deductible
<b>Outpatient surgery<sup>3</sup></b>	50% coinsurance after deductible	50% coinsurance after deductible	40% coinsurance after deductible
<b>Rehabilitation services<sup>4</sup></b>	\$50 copay	\$50 copay	\$60 copay
<b>Chiropractic care<sup>4</sup></b>	\$30 copay	\$30 copay	\$30 copay
<b>X-rays and diagnostic imaging</b>	50% coinsurance after deductible	50% coinsurance after deductible	40% coinsurance after deductible
<b>Imaging CT, PET scans, MRIs<sup>3</sup></b>	50% coinsurance after deductible	50% coinsurance after deductible	40% coinsurance after deductible
<b>Laboratory<sup>5</sup></b>	50% coinsurance after deductible	No charge, no deductible	No charge, no deductible
<b>Durable medical equipment</b>	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible
<b>Inpatient treatment – Mental and behavioral health and substance use disorder<sup>3</sup></b>	50% coinsurance after deductible	50% coinsurance after deductible	40% coinsurance after deductible
<b>Outpatient treatment – Mental and behavioral health and substance use disorder</b>	\$50 copay	\$50 copay	\$60 copay

Please see footnotes on page 67.

<b>EPO BENEFIT DESIGNS</b>	<b>\$30/\$50 \$2,500/20%</b>	<b>\$30/\$50, \$1,000 \$500/DAY</b>	<b>\$20/\$50 \$2,000/30%</b>
<b>MEDICAL BENEFITS</b>	<b>IN-NETWORK</b>	<b>IN-NETWORK</b>	<b>IN-NETWORK</b>
<b>Deductible — Individual/Family</b>	\$2,500/\$5,000	\$1,000/\$2,000	\$2,000/\$4,000
<b>Maximum out-of-pocket — Individual/Family</b>	\$6,000/\$12,000	\$3,500/\$7,000	\$4,000/\$8,000
<b>Primary care visits</b>	\$30 copay	\$30 copay	\$20 copay
<b>Specialist visits</b>	\$50 copay	\$50 copay	\$50 copay
<b>Emergency room</b>	\$100 copay <sup>10</sup>	\$100 copay <sup>10</sup>	\$100 copay <sup>10</sup>
<b>Urgent care services</b>	\$75 copay	\$75 copay	\$75 copay
<b>Inpatient hospital services (including maternity)<sup>3</sup></b>	20% coinsurance after deductible	\$500 copay per day, up to 5 days, <sup>11</sup> after deductible	30% coinsurance after deductible
<b>Outpatient surgery<sup>3</sup></b>		\$300 copay after deductible	
<b>Rehabilitation services<sup>4</sup></b>	\$50 copay	\$50 copay	\$50 copay
<b>Chiropractic care<sup>4</sup></b>	\$30 copay	\$30 copay	\$30 copay
<b>X-rays and diagnostic imaging</b>	20% coinsurance after deductible	\$50 copay after deductible	\$50 copay
<b>Imaging CT, PET scans, MRIs<sup>3</sup></b>		\$100 copay after deductible	\$75 copay
<b>Laboratory<sup>5</sup></b>	No charge, no deductible	No charge, no deductible	No charge, no deductible
<b>Durable medical equipment</b>	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible
<b>Inpatient treatment — Mental and behavioral health and substance use disorder<sup>3</sup></b>	20% coinsurance after deductible	\$500 copay per day, up to 5 days, <sup>11</sup> after deductible	30% coinsurance after deductible
<b>Outpatient treatment — Mental and behavioral health and substance use disorder</b>	\$50 copay	\$50 copay	\$50 copay

Please see footnotes on page 67.

<b>EPO BENEFIT DESIGNS</b>	<b>\$30/\$50 \$1,500/30%</b>	<b>\$20/\$40 \$1,500/20%</b>	<b>\$30/\$50, \$250 \$500/DAY</b>
<b>MEDICAL BENEFITS</b>	<b>IN-NETWORK</b>	<b>IN-NETWORK</b>	<b>IN-NETWORK</b>
<b>Deductible – Individual/Family</b>	\$1,500/\$3,000	\$1,500/\$3,000	\$250/\$500
<b>Maximum out-of-pocket – Individual/Family</b>	\$3,000/\$6,000	\$3,000/\$6,000	\$3,500/\$7,000
<b>Primary care visits</b>	\$30 copay	\$20 copay	\$30 copay
<b>Specialist visits</b>	\$50 copay	\$40 copay	\$50 copay
<b>Emergency room</b>	\$100 copay <sup>10</sup>	\$100 copay <sup>10</sup>	\$100 copay <sup>10</sup>
<b>Urgent care services</b>	\$75 copay	\$75 copay	\$75 copay
<b>Inpatient hospital services (including maternity)<sup>3</sup></b>	30% coinsurance after deductible	20% coinsurance after deductible	\$500 copay per day, up to 5 days, <sup>11</sup> after deductible
<b>Outpatient surgery<sup>3</sup></b>			\$300 copay after deductible
<b>Rehabilitation services<sup>4</sup></b>	\$50 copay	\$40 copay	\$50 copay
<b>Chiropractic care<sup>4</sup></b>	\$30 copay	\$30 copay	\$30 copay
<b>X-rays and diagnostic imaging</b>	30% coinsurance after deductible	\$20 copay	10% coinsurance after deductible
<b>Imaging CT, PET scans, MRIs<sup>3</sup></b>		\$40 copay	
<b>Laboratory<sup>5</sup></b>	No charge, no deductible	No charge, no deductible	No charge, no deductible
<b>Durable medical equipment</b>	50% coinsurance after deductible	50% coinsurance, no deductible	50% coinsurance after deductible
<b>Inpatient treatment – Mental and behavioral health and substance use disorder<sup>3</sup></b>	30% coinsurance after deductible	20% coinsurance after deductible	\$500 copay per day, up to 5 days, <sup>11</sup> after deductible
<b>Outpatient treatment – Mental and behavioral health and substance use disorder</b>	\$50 copay	\$40 copay	\$50 copay

Please see footnotes on page 67.



<b>EPO BENEFIT DESIGNS</b>	<b>\$30/\$50 \$500/DAY</b>	<b>\$20/\$40 \$250/DAY</b>
<b>MEDICAL BENEFITS</b>	<b>IN-NETWORK</b>	<b>IN-NETWORK</b>
<b>Deductible – Individual/Family</b>	\$0/\$0	\$0/\$0
<b>Maximum out-of-pocket – Individual/Family</b>	\$3,000/\$6,000	\$2,500/\$5,000
<b>Primary care visits</b>	\$30 copay	\$20 copay
<b>Specialist visits</b>	\$50 copay	\$40 copay
<b>Emergency room</b>	\$100 copay <sup>10</sup>	\$100 copay <sup>10</sup>
<b>Urgent care services</b>	\$75 copay	\$75 copay
<b>Inpatient hospital services (including maternity)<sup>3</sup></b>	\$500 copay per day, up to 5 days <sup>11</sup>	\$250 copay per day, up to 5 days <sup>11</sup>
<b>Outpatient surgery<sup>3</sup></b>	\$300 copay	\$200 copay
<b>Rehabilitation services<sup>4</sup></b>	\$50 copay	\$40 copay
<b>Chiropractic care<sup>4</sup></b>	\$30 copay	\$30 copay
<b>X-rays and diagnostic imaging</b>	No charge	No charge
<b>Imaging CT, PET scans, MRIs<sup>3</sup></b>	No charge	No charge
<b>Laboratory<sup>5</sup></b>	No charge	No charge
<b>Durable medical equipment</b>	50% coinsurance	50% coinsurance
<b>Inpatient treatment – Mental and behavioral health and substance use disorder<sup>3</sup></b>	\$500 copay per day, up to 5 days <sup>11</sup>	\$250 copay per day, up to 5 days <sup>11</sup>
<b>Outpatient treatment – Mental and behavioral health and substance use disorder</b>	\$50 copay	\$40 copay

Please see footnotes on page 67.





# POS NG

2025 BENEFIT DESIGNS



**POS  
NON-GATED (NG)  
BENEFIT DESIGNS**

**\$30/\$50  
\$2,500/50%**

MEDICAL BENEFITS	IN-NETWORK	OUT-OF-NETWORK
<b>Deductible – Individual/Family</b>	\$2,500/\$5,000	\$5,000/\$10,000
<b>Maximum out-of-pocket – Individual/Family</b>	\$5,000/\$10,000	\$15,000/\$30,000
<b>Primary care visits</b>	\$30 copay	50% coinsurance after deductible
<b>Specialist visits</b>	\$50 copay	50% coinsurance after deductible
<b>Emergency room</b>	\$100 copay <sup>10</sup>	Covered at in-network level
<b>Urgent care services</b>	\$75 copay	50% coinsurance after deductible
<b>Inpatient hospital services (including maternity)<sup>3</sup></b>	50% coinsurance after deductible	50% coinsurance after deductible
<b>Outpatient surgery<sup>3</sup></b>		
<b>Rehabilitation services<sup>4</sup></b>	\$50 copay	50% coinsurance after deductible
<b>Chiropractic care<sup>4</sup></b>	\$30 copay	
<b>X-rays and diagnostic imaging</b>	\$50 copay	50% coinsurance after deductible
<b>Imaging CT, PET scans, MRIs<sup>3</sup></b>	\$100 copay	
<b>Laboratory<sup>5</sup></b>	No charge, no deductible	50% coinsurance after deductible
<b>Durable medical equipment</b>	50% coinsurance after deductible	50% coinsurance after deductible
<b>Inpatient treatment – Mental and behavioral health and substance use disorder<sup>3</sup></b>	50% coinsurance after deductible	50% coinsurance after deductible
<b>Outpatient treatment – Mental and behavioral health and substance use disorder</b>	\$50 copay	50% coinsurance after deductible

Please see footnotes on page 67.

**POS  
NON-GATED (NG)  
BENEFIT DESIGNS**

**\$30/\$50  
\$2,000/30%**

MEDICAL BENEFITS	IN-NETWORK	OUT-OF-NETWORK
<b>Deductible – Individual/Family</b>	\$2,000/\$4,000	\$3,000/\$6,000
<b>Maximum out-of-pocket – Individual/Family</b>	\$4,000/\$8,000	\$15,000/\$30,000
<b>Primary care visits</b>	\$30 copay	50% coinsurance after deductible
<b>Specialist visits</b>	\$50 copay	50% coinsurance after deductible
<b>Emergency room</b>	\$100 copay <sup>10</sup>	Covered at in-network level
<b>Urgent care services</b>	\$75 copay	50% coinsurance after deductible
<b>Inpatient hospital services (including maternity)<sup>3</sup></b>	30% coinsurance after deductible	50% coinsurance after deductible
<b>Outpatient surgery<sup>3</sup></b>		
<b>Rehabilitation services<sup>4</sup></b>	\$50 copay	50% coinsurance after deductible
<b>Chiropractic care<sup>4</sup></b>	\$30 copay	
<b>X-rays and diagnostic imaging</b>	\$50 copay	50% coinsurance after deductible
<b>Imaging CT, PET scans, MRIs<sup>3</sup></b>	\$100 copay	
<b>Laboratory<sup>5</sup></b>	No charge, no deductible	50% coinsurance after deductible
<b>Durable medical equipment</b>	50% coinsurance after deductible	50% coinsurance after deductible
<b>Inpatient treatment – Mental and behavioral health and substance use disorder<sup>3</sup></b>	30% coinsurance after deductible	50% coinsurance after deductible
<b>Outpatient treatment – Mental and behavioral health and substance use disorder</b>	\$50 copay	50% coinsurance after deductible

Please see footnotes on page 67.



**POS  
NON-GATED (NG)  
BENEFIT DESIGNS**

**\$30/\$50  
\$1,500/20%**

MEDICAL BENEFITS	IN-NETWORK	OUT-OF-NETWORK
<b>Deductible – Individual/Family</b>	\$1,500/\$3,000	\$3,000/\$6,000
<b>Maximum out-of-pocket – Individual/Family</b>	\$3,000/\$6,000	\$6,000/\$12,000
<b>Primary care visits</b>	\$30 copay	40% coinsurance after deductible
<b>Specialist visits</b>	\$50 copay	40% coinsurance after deductible
<b>Emergency room</b>	\$100 copay <sup>10</sup>	Covered at in-network level
<b>Urgent care services</b>	\$75 copay	40% coinsurance after deductible
<b>Inpatient hospital services (including maternity)<sup>3</sup></b>	20% coinsurance after deductible	40% coinsurance after deductible
<b>Outpatient surgery<sup>3</sup></b>		
<b>Rehabilitation services<sup>4</sup></b>	\$50 copay	40% coinsurance after deductible
<b>Chiropractic care<sup>4</sup></b>	\$30 copay	
<b>X-rays and diagnostic imaging</b>	\$50 copay	40% coinsurance after deductible
<b>Imaging CT, PET scans, MRIs<sup>3</sup></b>	\$100 copay	
<b>Laboratory<sup>5</sup></b>	No charge, no deductible	40% coinsurance after deductible
<b>Durable medical equipment</b>	50% coinsurance after deductible	50% coinsurance after deductible
<b>Inpatient treatment – Mental and behavioral health and substance use disorder<sup>3</sup></b>	20% coinsurance after deductible	40% coinsurance after deductible
<b>Outpatient treatment – Mental and behavioral health and substance use disorder</b>	\$50 copay	40% coinsurance after deductible

Please see footnotes on page 67.



**POS  
NON-GATED (NG)  
BENEFIT DESIGNS**

**\$20/\$40  
\$1,000/10%**

MEDICAL BENEFITS	IN-NETWORK	OUT-OF-NETWORK
<b>Deductible – Individual/Family</b>	\$1,000/\$2,000	\$2,000/\$4,000
<b>Maximum out-of-pocket – Individual/Family</b>	\$2,500/\$5,000	\$5,000/\$10,000
<b>Primary care visits</b>	\$20 copay	30% coinsurance after deductible
<b>Specialist visits</b>	\$40 copay	30% coinsurance after deductible
<b>Emergency room</b>	\$100 copay <sup>10</sup>	Covered at in-network level
<b>Urgent care services</b>	\$75 copay	30% coinsurance after deductible
<b>Inpatient hospital services (including maternity)<sup>3</sup></b>	10% coinsurance after deductible	30% coinsurance after deductible
<b>Outpatient surgery<sup>3</sup></b>		
<b>Rehabilitation services<sup>4</sup></b>	\$40 copay	30% coinsurance after deductible
<b>Chiropractic care<sup>4</sup></b>	\$30 copay	
<b>X-rays and diagnostic imaging</b>	\$40 copay	30% coinsurance after deductible
<b>Imaging CT, PET scans, MRIs<sup>3</sup></b>	\$80 copay	
<b>Laboratory<sup>5</sup></b>	No charge, no deductible	30% coinsurance after deductible
<b>Durable medical equipment</b>	50% coinsurance after deductible	50% coinsurance after deductible
<b>Inpatient treatment – Mental and behavioral health and substance use disorder<sup>3</sup></b>	10% coinsurance after deductible	30% coinsurance after deductible
<b>Outpatient treatment – Mental and behavioral health and substance use disorder</b>	\$40 copay	30% coinsurance after deductible

Please see footnotes on page 67.

**POS  
NON-GATED (NG)  
BENEFIT DESIGNS**

**\$30/\$40  
\$300/DAY**

MEDICAL BENEFITS	IN-NETWORK	OUT-OF-NETWORK
<b>Deductible – Individual/Family</b>	\$0/\$0	\$2,000/\$6,000
<b>Maximum out-of-pocket – Individual/Family</b>	\$3,000/\$6,000	\$9,000/\$18,000
<b>Primary care visits</b>	\$30 copay	40% coinsurance after deductible
<b>Specialist visits</b>	\$40 copay	40% coinsurance after deductible
<b>Emergency room</b>	\$100 copay <sup>10</sup>	Covered at in-network level
<b>Urgent care services</b>	\$75 copay	40% coinsurance after deductible
<b>Inpatient hospital services (including maternity)<sup>3</sup></b>	\$300 copay per day, up to 5 days <sup>11</sup>	40% coinsurance after deductible
<b>Outpatient surgery<sup>3</sup></b>	\$150 copay	40% coinsurance after deductible
<b>Rehabilitation services<sup>4</sup></b>	\$40 copay	40% coinsurance after deductible
<b>Chiropractic care<sup>4</sup></b>	\$30 copay	40% coinsurance after deductible
<b>X-rays and diagnostic imaging</b>	\$40 copay	40% coinsurance after deductible
<b>Imaging CT, PET scans, MRIs<sup>3</sup></b>	\$80 copay	40% coinsurance after deductible
<b>Laboratory<sup>5</sup></b>	No charge	40% coinsurance after deductible
<b>Durable medical equipment</b>	50% coinsurance	50% coinsurance after deductible
<b>Inpatient treatment – Mental and behavioral health and substance use disorder<sup>3</sup></b>	\$300 copay per day, up to 5 days <sup>11</sup>	40% coinsurance after deductible
<b>Outpatient treatment – Mental and behavioral health and substance use disorder</b>	\$40 copay	40% coinsurance after deductible

Please see footnotes on page 67.

**POS  
NON-GATED (NG)  
BENEFIT DESIGNS**

**\$20/\$40  
\$250/DAY**

MEDICAL BENEFITS	IN-NETWORK	OUT-OF-NETWORK
<b>Deductible – Individual/Family</b>	\$0/\$0	\$1,000/\$3,000
<b>Maximum out-of-pocket – Individual/Family</b>	\$2,500/\$5,000	\$7,500/\$15,000
<b>Primary care visits</b>	\$20 copay	30% coinsurance after deductible
<b>Specialist visits</b>	\$40 copay	30% coinsurance after deductible
<b>Emergency room</b>	\$100 copay <sup>10</sup>	Covered at in-network level
<b>Urgent care services</b>	\$75 copay	30% coinsurance after deductible
<b>Inpatient hospital services (including maternity)<sup>3</sup></b>	\$250 copay per day, up to 5 days <sup>11</sup>	30% coinsurance after deductible
<b>Outpatient surgery<sup>3</sup></b>	\$125 copay	
<b>Rehabilitation services<sup>4</sup></b>	\$40 copay	30% coinsurance after deductible
<b>Chiropractic care<sup>4</sup></b>	\$30 copay	
<b>X-rays and diagnostic imaging</b>	\$40 copay	30% coinsurance after deductible
<b>Imaging CT, PET scans, MRIs<sup>3</sup></b>	\$80 copay	
<b>Laboratory<sup>5</sup></b>	No charge	30% coinsurance after deductible
<b>Durable medical equipment</b>	50% coinsurance	50% coinsurance after deductible
<b>Inpatient treatment – Mental and behavioral health and substance use disorder<sup>3</sup></b>	\$250 copay per day, up to 5 days <sup>11</sup>	30% coinsurance after deductible
<b>Outpatient treatment – Mental and behavioral health and substance use disorder</b>	\$40 copay	30% coinsurance after deductible

Please see footnotes on page 67.

**POS  
NON-GATED (NG)  
BENEFIT DESIGNS**

**\$20/\$40  
\$0/DAY**

MEDICAL BENEFITS	IN-NETWORK	OUT-OF-NETWORK
<b>Deductible – Individual/Family</b>	\$0/\$0	\$1,000/\$3,000
<b>Maximum out-of-pocket – Individual/Family</b>	\$2,500/\$5,000	\$6,000/\$12,000
<b>Primary care visits</b>	\$20 copay	30% coinsurance after deductible
<b>Specialist visits</b>	\$40 copay	30% coinsurance after deductible
<b>Emergency room</b>	\$100 copay <sup>10</sup>	Covered at in-network level
<b>Urgent care services</b>	\$75 copay	30% coinsurance after deductible
<b>Inpatient hospital services (including maternity)<sup>3</sup></b>	No charge	30% coinsurance after deductible
<b>Outpatient surgery<sup>3</sup></b>		
<b>Rehabilitation services<sup>4</sup></b>	\$40 copay	30% coinsurance after deductible
<b>Chiropractic care<sup>4</sup></b>	\$30 copay	
<b>X-rays and diagnostic imaging</b>	\$40 copay	30% coinsurance after deductible
<b>Imaging CT, PET scans, MRIs<sup>3</sup></b>	\$80 copay	
<b>Laboratory<sup>5</sup></b>	No charge	30% coinsurance after deductible
<b>Durable medical equipment</b>	50% coinsurance	50% coinsurance after deductible
<b>Inpatient treatment – Mental and behavioral health and substance use disorder<sup>3</sup></b>	No charge	30% coinsurance after deductible
<b>Outpatient treatment – Mental and behavioral health and substance use disorder</b>	\$40 copay	30% coinsurance after deductible

Please see footnotes on page 67.

**POS  
NON-GATED (NG)  
BENEFIT DESIGNS**

**\$10/\$20  
\$0/DAY**

MEDICAL BENEFITS	IN-NETWORK	OUT-OF-NETWORK
<b>Deductible – Individual/Family</b>	\$0/\$0	\$500/\$1,500
<b>Maximum out-of-pocket – Individual/Family</b>	\$2,500/\$5,000	\$4,500/\$9,000
<b>Primary care visits</b>	\$10 copay	20% coinsurance after deductible
<b>Specialist visits</b>	\$20 copay	20% coinsurance after deductible
<b>Emergency room</b>	\$100 copay <sup>10</sup>	Covered at in-network level
<b>Urgent care services</b>	\$75 copay	20% coinsurance after deductible
<b>Inpatient hospital services (including maternity)<sup>3</sup></b>	No charge	20% coinsurance after deductible
<b>Outpatient surgery<sup>3</sup></b>		
<b>Rehabilitation services<sup>4</sup></b>	\$20 copay	20% coinsurance after deductible
<b>Chiropractic care<sup>4</sup></b>		
<b>X-rays and diagnostic imaging</b>	\$20 copay	20% coinsurance after deductible
<b>Imaging CT, PET scans, MRIs<sup>3</sup></b>	\$40 copay	
<b>Laboratory<sup>5</sup></b>	No charge	20% coinsurance after deductible
<b>Durable medical equipment</b>	50% coinsurance	50% coinsurance after deductible
<b>Inpatient treatment – Mental and behavioral health and substance use disorder<sup>3</sup></b>	No charge	20% coinsurance after deductible
<b>Outpatient treatment – Mental and behavioral health and substance use disorder</b>	\$20 copay	20% coinsurance after deductible

Please see footnotes on page 67.







**PPO HSA**  
2025 BENEFIT DESIGNS



**PPO HSA**  
BENEFIT DESIGNS

HSA  
\$2,500/30%  
\$7/\$35/\$50 Rx<sup>6</sup>

MEDICAL BENEFITS	IN-NETWORK	OUT-OF-NETWORK
<b>Deductible – Individual/Family</b>	\$2,500 <sup>7</sup> /\$5,000	\$5,000 <sup>7</sup> /\$10,000
<b>Maximum out-of-pocket – Individual/Family</b>	\$5,000/\$10,000 <sup>8</sup>	\$10,000 <sup>7</sup> /\$20,000
<b>Primary care visits</b>	30% coinsurance after deductible	50% coinsurance after deductible
<b>Specialist visits</b>	30% coinsurance after deductible	50% coinsurance after deductible
<b>Emergency room</b>	30% coinsurance after deductible	Covered at in-network level
<b>Urgent care services</b>		50% coinsurance after deductible
<b>Inpatient hospital services (including maternity)<sup>3</sup></b>	30% coinsurance after deductible	50% coinsurance after deductible
<b>Outpatient surgery<sup>3</sup></b>		
<b>Rehabilitation services<sup>4</sup></b>	30% coinsurance after deductible	50% coinsurance after deductible
<b>Chiropractic care<sup>4</sup></b>		
<b>X-rays and diagnostic imaging</b>	No charge after deductible	50% coinsurance after deductible
<b>Imaging CT, PET scans, MRIs<sup>3</sup></b>	30% coinsurance after deductible	
<b>Laboratory<sup>5</sup></b>	No charge after deductible	50% coinsurance after deductible
<b>Durable medical equipment</b>	50% coinsurance after deductible	50% coinsurance after deductible
<b>Inpatient treatment – Mental and behavioral health and substance use disorder<sup>3</sup></b>	30% coinsurance after deductible	50% coinsurance after deductible
<b>Outpatient treatment – Mental and behavioral health and substance use disorder</b>	30% coinsurance after deductible	50% coinsurance after deductible

Please see footnotes on page 67.

**PPO HSA**  
BENEFIT DESIGNS

HSA  
\$2,000/10%  
\$7/\$35/\$50 Rx<sup>6</sup>

MEDICAL BENEFITS	IN-NETWORK	OUT-OF-NETWORK
<b>Deductible — Individual/Family</b>	\$2,000 <sup>7</sup> /\$4,000	\$5,000 <sup>7</sup> /\$10,000
<b>Maximum out-of-pocket — Individual/Family</b>	\$5,000/\$10,000 <sup>8</sup>	\$10,000 <sup>7</sup> /\$20,000
<b>Primary care visits</b>	10% coinsurance after deductible	40% coinsurance after deductible
<b>Specialist visits</b>	10% coinsurance after deductible	40% coinsurance after deductible
<b>Emergency room</b>	10% coinsurance after deductible	Covered at in-network level
<b>Urgent care services</b>		40% coinsurance after deductible
<b>Inpatient hospital services (including maternity)<sup>3</sup></b>	10% coinsurance after deductible	40% coinsurance after deductible
<b>Outpatient surgery<sup>3</sup></b>		
<b>Rehabilitation services<sup>4</sup></b>	10% coinsurance after deductible	40% coinsurance after deductible
<b>Chiropractic care<sup>4</sup></b>		
<b>X-rays and diagnostic imaging</b>	No charge after deductible	40% coinsurance after deductible
<b>Imaging CT, PET scans, MRIs<sup>3</sup></b>	10% coinsurance after deductible	
<b>Laboratory<sup>5</sup></b>	No charge after deductible	40% coinsurance after deductible
<b>Durable medical equipment</b>	50% coinsurance after deductible	50% coinsurance after deductible
<b>Inpatient treatment — Mental and behavioral health and substance use disorder<sup>3</sup></b>	10% coinsurance after deductible	40% coinsurance after deductible
<b>Outpatient treatment — Mental and behavioral health and substance use disorder</b>	10% coinsurance after deductible	40% coinsurance after deductible

Please see footnotes on page 67.

**PPO HSA**  
BENEFIT DESIGNS

HSA  
\$1,650/0%  
\$10/\$40/\$60 Rx<sup>6</sup>

MEDICAL BENEFITS	IN-NETWORK	OUT-OF-NETWORK
<b>Deductible – Individual/Family</b>	\$1,650 <sup>7</sup> /\$3,300	\$3,000 <sup>7</sup> /\$6,000
<b>Maximum out-of-pocket – Individual/Family</b>	\$2,500 <sup>7</sup> /\$5,000	\$15,000 <sup>7</sup> /\$30,000
<b>Primary care visits</b>	No charge after deductible	40% coinsurance after deductible
<b>Specialist visits</b>	No charge after deductible	40% coinsurance after deductible
<b>Emergency room</b>	No charge after deductible	Covered at in-network level
<b>Urgent care services</b>		40% coinsurance after deductible
<b>Inpatient hospital services (including maternity)<sup>3</sup></b>	No charge after deductible	40% coinsurance after deductible
<b>Outpatient surgery<sup>3</sup></b>		
<b>Rehabilitation services<sup>4</sup></b>	No charge after deductible	40% coinsurance after deductible
<b>Chiropractic care<sup>4</sup></b>		
<b>X-rays and diagnostic imaging</b>		
<b>Imaging CT, PET scans, MRIs<sup>3</sup></b>	No charge after deductible	40% coinsurance after deductible
<b>Laboratory<sup>5</sup></b>	No charge after deductible	40% coinsurance after deductible
<b>Durable medical equipment</b>	50% coinsurance after deductible	50% coinsurance after deductible
<b>Inpatient treatment – Mental and behavioral health and substance use disorder<sup>3</sup></b>	No charge after deductible	40% coinsurance after deductible
<b>Outpatient treatment – Mental and behavioral health and substance use disorder</b>	No charge after deductible	40% coinsurance after deductible

Please see footnotes on page 67.



# Prescription drug benefits

Choosing AmeriHealth to manage both medical and pharmacy benefits can provide your customers with a holistic view of their employees' health and utilization.

## Manage pharmacy benefits from one convenient place

Members have access to helpful tools available through [amerihealth.com](https://www.amerihealth.com), where they can easily manage prescriptions. They can:

- Compare the price of brand-name drugs to generic equivalents
- Sign up and save money with mail order services
- Review prescription records
- Find a participating pharmacy
- Review their coverage and cost-sharing information
- Download forms

Pharmacy network includes nearly

**68,000**  
**PHARMACIES**  
**NATIONWIDE**

RX OPTIONS <sup>1,2</sup>	GENERIC RX	PREFERRED BRAND RX	NON-PREFERRED BRAND RX
<b>\$7 / \$35 / \$50</b>	\$7	\$35	\$50
<b>\$10 / \$40 / \$60</b>	\$10	\$40	\$60
<b>\$15 / \$35 / \$50</b>	\$15	\$35	\$50
<b>\$25 / \$50 / \$75</b>	\$25	\$50	\$75
<b>\$7 / 50% up to \$125</b>	\$7	50% coinsurance, up to \$125 max	50% coinsurance, up to \$125 max
<b>\$25 / 50% up to \$75</b>	\$25	50% coinsurance, up to \$75 max	50% coinsurance, up to \$75 max
<b>50% up to \$125</b>	50% coinsurance, up to \$125 max	50% coinsurance, up to \$125 max	50% coinsurance, up to \$125 max

Please see footnotes on page 68.



# AmeriHealth Dental

Oral health is an important part of members' overall health — it not only helps keep teeth healthy but can also help detect serious medical conditions, like high blood pressure and diabetes.

Designed to deliver on our whole-person health strategy, our affordable dental coverage<sup>1</sup> encourages prevention, early diagnosis, and treatment. Employees will have access to a robust and expanding national network, so they can find a dentist locally where they live and work or wherever they need one. We offer a variety of PPO, EPO, and Managed Care plan options to meet the needs of your business, as well as those of your employees and their families. Now you and your employees can get the dental care you need from the brand you know and trust.



## For employees

- **Plans designed for prevention and savings:** Plans feature 100 percent coverage for most Class 1 diagnostic and preventive services and unique value-adds that help save on out-of-pocket expenses.
- **Robust network of providers:** PPO and EPO plan members have access to a large national network of dental providers and Managed Care members have access to a large regional network.
- **In-network savings:** Most plans feature both in- and out-of-network benefits, but members will save money, time, and have lower out-of-pocket costs when they stay in-network.<sup>2</sup>
- **Dedicated dental services team:** Members receive support to help them get the most out of their benefits and answers to their questions.
- **No waiting periods:** Members can begin using benefits on day one.
- **Value-adds:** Plans include access to discounts and extra coverage options to help employees save.



## For employers

- **Ease of administration:** A one-stop-shop for all your health and dental care needs, and one account management team for both dental and medical benefits.
- A variety of **customizable, affordable plan options** that feature rich benefits and value-added services allow you to create the type of plans that best meet your budget and employee needs.



Scan this QR code to access the full AmeriHealth Dental portfolio.

# Vision

Routine eye exams can help protect sight and detect serious and costly medical conditions like high blood pressure and diabetes.

Our adult vision plans go beyond access to eye exams and eyewear. We offer a robust network, competitive premiums, low out-of-pocket costs for members, and a variety of value-added services to meet an employer's unique needs.

## Coverage includes:

- National network of more than 160,000 access points
- Safe and convenient online in-network shopping options, including **1800Contacts.com**, **Glasses.com**, and **Befitting.com**
- Low- to no-copay Davis Vision Exclusive Collection designer frames or an allowance<sup>1</sup> towards any frame purchase
- Exclusive \$50 frame allowance enhancement at Visionworks<sup>2</sup>
- Fixed copays on all lens styles and coatings, making it easier to predict out-of-pocket costs
- Interactive frame try-on tool that allows users to see what Davis Vision Exclusive Collection frames look like on them from the comfort of their homes
- Free hearing exam, exclusive discounts on hearing supplies, and more from **Your Hearing Network**
- **NEW** in-network providers Pearle Vision, Target, and Warby Parker<sup>3</sup>

## Spectacle lens type and coating

These in-network lens options are either covered in full or with a fixed out-of-pocket cost depending on the plan purchased:

- Fashion and gradient tinting of plastic lenses
- Scratch-resistant coating
- Hi-index lenses
- Polarized lenses
- Progressive lenses (standard/premium/ultra/ultimate)
- Anti-reflective coating (standard/premium/ultra/ultimate)
- Blue light lenses
- Polycarbonate lenses<sup>4</sup>
- Scratch protection plan
- Ultraviolet coating



**NEW in 2025!** Our Vision plans will now have Target, Pearle, and Warby Parker as in-network provider options.<sup>3</sup>

Please see footnotes on page 68.

<b>VISION CARE 100 PLANS<sup>5,7</sup></b>	<b>VISION CARE 100 24/24/24</b>	<b>VISION CARE 100 12/12/24</b>	<b>VISION CARE 100 12/12/12</b>
<b>FREQUENCIES</b>			
<b>Eye exam<sup>6</sup></b>	24 months	12 months	12 months
<b>Spectacle lenses/frames</b>	24 months/24 months	12 months/24 months	12 months/12 months
<b>Contact lenses</b>	24 months	12 months	12 months
<b>COPAYS</b>			
<b>Eye exam/spectacle lenses</b>	\$0/\$0	\$10/\$25	\$0/\$0
<b>FRAME</b>			
<b>Non-collection frame allowance (retail)</b>	Up to \$100 or up to \$150 at Visionworks, plus 20% off on any overage	Up to \$100 or up to \$150 at Visionworks, plus 20% off on any overage	Up to \$100 or up to \$150 at Visionworks, plus 20% off on any overage
<b>Davis Vision Exclusive Collection (in lieu of allowance for fashion, designer, or premier)</b>	Included/\$15/\$40	Included/\$15/\$40	Included/\$15/\$40
<b>CONTACT LENSES</b>			
<b>Collection contact lenses (in lieu of allowance)</b>	Not covered	Not covered	Not covered
<b>Collection evaluation, fitting, follow-up care</b>	Not covered	Not covered	Not covered
<b>Non-collection contact lenses: materials allowance</b>	Up to \$100, plus a 15% discount on any overage	Up to \$100, plus a 15% discount on any overage	Up to \$100, plus a 15% discount on any overage
<b>Non-collection evaluation, fitting and follow-up care; standard and specialty lens types</b>	15% discount	15% discount	15% discount



No matter what plan you choose, members can also take advantage of extra perks like a free one-year eyeglasses breakage warranty and discounted pricing on additional pairs of glasses and LASIK eye services.

<b>VISION CARE 130 PLANS<sup>5,7</sup></b>	<b>VISION CARE 130 12/12/24</b>	<b>VISION CARE 130 12/12/24</b>	<b>VISION CARE 130 12/12/12</b>
<b>FREQUENCIES</b>			
<b>Eye exam<sup>6</sup></b>	12 months	12 months	12 months
<b>Spectacle lenses/frames</b>	12 months/24 months	12 months/24 months	12 months/12 months
<b>Contact lenses</b>	12 months	12 months	12 months
<b>COPAYS</b>			
<b>Eye exam/spectacle lenses</b>	\$10/\$10	\$10/\$25	\$0/\$0
<b>FRAME</b>			
<b>Non-collection frame allowance (retail)</b>	Up to \$130 or up to \$180 at Visionworks, plus 20% off on any overage	Up to \$130 or up to \$180 at Visionworks, plus 20% off on any overage	Up to \$130 or up to \$180 at Visionworks, plus 20% off on any overage
<b>Davis Vision Exclusive Collection (in lieu of allowance for fashion, designer, or premier)</b>	Included/Included/\$25	Included/Included/\$25	Included/Included/\$25
<b>CONTACT LENSES</b>			
<b>Collection contact lenses (in lieu of allowance)</b>	Disposable: 4 boxes/multipacks Planned replacement: 2 boxes/multipacks	Disposable: 4 boxes/multipacks Planned replacement: 2 boxes/multipacks	Disposable: 4 boxes/multipacks Planned replacement: 2 boxes/multipacks
<b>Collection evaluation, fitting, follow-up care</b>	Included	Included	Included
<b>Non-collection contact lenses: materials allowance</b>	Up to \$130, plus a 15% discount on any overage	Up to \$130, plus a 15% discount on any overage	Up to \$130, plus a 15% discount on any overage
<b>Non-collection evaluation, fitting and follow-up care; standard and specialty lens types</b>	Standard – covered in full Specialty & disposable – \$60 program allowance; 15% discount	Standard – covered in full Specialty & disposable – \$60 program allowance; 15% discount	Standard – covered in full Specialty & disposable – \$60 program allowance; 15% discount

Please see footnotes on page 68.

<b>VISION CARE 150 PLANS<sup>5,7</sup></b>	<b>VISION CARE 150 12/12/24</b>	<b>VISION CARE 150 12/12/12</b>
<b>FREQUENCIES</b>		
<b>Eye exam<sup>6</sup></b>	12 months	12 months
<b>Spectacle lenses/frames</b>	12 months/24 months	12 months/12 months
<b>Contact lenses</b>	12 months	12 months
<b>COPAYS</b>		
<b>Eye exam/spectacle lenses</b>	\$10/\$25	\$0/\$0
<b>FRAME</b>		
<b>Non-collection frame allowance (retail)</b>	Up to \$150 or up to \$200 at Visionworks, plus 20% off on any overage	Up to \$150 or up to \$200 at Visionworks, plus 20% off on any overage
<b>Davis Vision Exclusive Collection (in lieu of allowance for fashion, designer, or premier)</b>	Included/Included/Included	Included/Included/Included
<b>CONTACT LENSES</b>		
<b>Collection contact lenses (in lieu of allowance)</b>	Disposable: 8 boxes/multipacks Planned replacement: 4 boxes/multipacks	Disposable: 8 boxes/multipacks Planned replacement: 4 boxes/multipacks
<b>Collection evaluation, fitting, follow-up care</b>	Included	Included
<b>Non-collection contact lenses: materials allowance</b>	Up to \$150, plus a 15% discount on any overage	Up to \$150, plus a 15% discount on any overage
<b>Non-collection evaluation, fitting and follow-up care; standard and specialty lens types</b>	Standard – covered in full Specialty & disposable – \$60 program allowance; 15% discount	Standard – covered in full Specialty & disposable – \$60 program allowance; 15% discount

Please see footnotes on page 68.

# Guardian supplemental insurance

Guardian partnership products are designed to enhance employers' existing medical coverage and provide financial support for their employees in the event of unexpected illness or injury:

- Life insurance
- Short- and long-term disability insurance
- Accident insurance
- Critical illness and cancer insurance
- Hospital indemnity insurance

These seven products offer a range of benefits that can contribute to overall financial well-being. Additionally, when your customers choose to purchase multiple Guardian partnership products, they might be eligible for preferred pricing and discounts.\*



## Accident insurance

Members will receive increased benefits for children who suffer a sports-related injury.

\* Available on employer-funded Guardian products.



# Important health plan information

All health plans within this brochure reflect member cost-sharing. The benefit summaries in this brochure represent only a partial listing of benefits of the health plans. Some services not shown in this brochure may require a higher member coinsurance than the services shown. Benefits and exclusions may be further defined by the medical policy. These managed care plans may not cover all health care expenses. Employers should read their contracts carefully to determine which health care services are covered.

## AmeriHealth Advantage (pg. 6)

1. AmeriHealth Advantage plans are only available to employers based in the following counties: Atlantic, Burlington, Camden, Cape May, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Ocean, Somerset, and Union. Members can obtain services within the listed counties at the Tier 1 level. AmeriHealth Advantage Tier 1 hospitals and professional providers are subject to change. Members can also access Tier 2 Value Plus hospitals and professional providers and National Access (using the Cigna Healthcare PPO network), when applicable. National Access is to be used when outside the AmeriHealth service area and New York.

## Network options (pg. 7)

1. The AmeriHealth service area includes all New Jersey and Delaware counties and nine Pennsylvania counties in the Philadelphia area, including Berks, Bucks, Chester, Delaware, Lancaster, Lehigh, Montgomery, Northampton, and Philadelphia.
2. Access to the Cigna Healthcare PPO network in New York is available for our EPO, PPO, and POS NG plans.
3. Coverage provided by the Cigna Healthcare PPO network. AmeriHealth members accessing care in the AmeriHealth service area must use Value Plus.
4. Members must use Labcorp for all lab services and Cigna Healthcare PPO network for professional, inpatient, and outpatient behavioral health services.

## Medical footnotes (pgs. 20 – 58)

1. AmeriHealth Advantage plans are only available to employers based in the following counties: Atlantic, Burlington, Camden, Cape May, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Ocean, Somerset, and Union. Members can obtain services within the listed counties at the Tier 1 level. AmeriHealth Advantage Tier 1 hospitals and professional providers are subject to change. Members can also access Tier 2 Value Plus facilities and professional providers and National Access (using the Cigna Healthcare PPO network), when applicable. National Access is to be used when outside the AmeriHealth service area and New York.
2. Deductible accumulates across Tier 1 and Tier 2; maximum deductible is \$2,500/\$5,000.
3. Subject to preapproval.
4. Visit limits may apply. See benefit booklet for details.
5. Laboratory Corporation of America® Holdings (Labcorp) is the exclusive outpatient laboratory provider of AmeriHealth. To find your closest patient service center location, visit [labcorp.com](http://labcorp.com).
6. Prescription mail order benefit is available at twice the applicable cost-sharing for a 90-day supply. The member pays the equivalent of two months of cost-sharing instead of three.
7. Individual amount is not applicable in policies covering 2 or more people (aggregate).
8. For family plans, no individual will exceed a \$6,900 maximum out-of-pocket.
9. Out-of-pocket maximum is combined for Tier 1 and Tier 2.
10. Emergency room copay is not waived if admitted.
11. Copay is required per day, up to a maximum of 5 days per admission. Copay is waived if readmitted within 10 days.
12. Deductible is combined for Tier 1 and Tier 2.
13. Members have access to virtually see a primary care physician through Teladoc at no charge with no deductible. Members can also pay the in-network office visit cost-sharing to see a primary care physician who is in the AmeriHealth provider network.

## Prescription drug plans (pg. 60)

1. 30-day supply.
2. Prescription mail order benefit is available at two times the applicable cost-sharing for a 90-day supply.

## Dental benefits (pg. 61)

1. Consult your AmeriHealth account representative for underwriting guidelines and funding arrangements.
2. EPO and Managed Care plans are in-network only plans.
3. The Academy of General Dentistry, "AGD Sends Statement on Health Literacy Awareness Act," 2022.

## Vision benefits (pgs. 62 – 65)

1. Allowances are up to the amount shown for each plan type.
2. Enhanced \$50 frame allowance is available at all Visionworks locations nationwide.
3. Warby Parker is an eligible in-network provider on any plan where the frame allowance is at least \$85.
4. Polycarbonate lenses are covered in full for dependent children, monocular patients, and patients with prescriptions +/- 6.00 diopters or greater.
5. All benefits displayed are in-network only. Please see your benefit booklet for your out-of-network benefits.
6. Inclusive of dilation when professionally indicated.
7. Additional discounts are not applicable at Walmart, Sam's Club, or Costco locations.

Quartet facilitates and coordinates timely access to behavioral health services for AmeriHealth members.

Thyme Care, Inc. (Thyme Care) is contracted by AmeriHealth to provide cancer support services to its commercial members. Thyme Care does not diagnose medical conditions, or order medical services or direct treatment.

GradFin, LLC is providing a student debt refinancing program to customers of AmeriHealth. This is a value-added program and not a benefit under an AmeriHealth health plan and is, therefore, subject to change without notice.

Wire® is a registered trademark and service mark of Relay Network, LLC.

Teladoc Health and the practitioners accessible through Teladoc Health are independent companies and contractors not affiliated with AmeriHealth. Please consult a physician for personalized medical advice. Always seek the advice of a physician or other qualified health care provider with any questions regarding a medical condition.

Dental benefits are underwritten by AmeriHealth Insurance Company of New Jersey and administered by Dominion Dental Services, Inc., an independent company.

AmeriHealth vision benefits are administered by Davis Vision, an independent company.

An affiliate of AmeriHealth has a financial interest in Visionworks.

Guardian Group Accident Insurance, Cancer Insurance, Critical Illness Insurance, Hospital Indemnity Insurance, Life Insurance and Disability Insurance are underwritten by The Guardian Life Insurance Company of America, New York, NY., an independent company. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. These products provide limited benefits. Plan documents are the final arbiter of coverage. Accident Insurance Policy Form #GP-1-AC-IC-12 Cancer Insurance Policy Form #GP-1-CAN-IC-12 Critical Illness Policy Form #GC-CI-11 Hospital Indemnity Policy Form #GP-1-HI-15 Term Life Insurance Policy Form #GC-Life-15-1.0 AD&D Policy Form #GC-ADD-15-1.0 Voluntary Term Life Policy Form #GP-1-R-ADCL1-00 Short Term Disability Form et al.; #GP-1-STD-15-1.0 Long Term Disability Form #GP-1-LTD-15-1.0 et al.

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